

Coordinating Health Services for My Children

Health and TennCare Guide for Tennessee's Resource Parents

tn.gov/dcs

Regional Well-Being Teams

Supporting Well-Being for Children in Care

Safety, Permanency, and Well-Being are the cornerstones of care for all children, and vital for children served in foster care. DCS regional Well Being teams work to support FSWs, DCS providers, resource parents, and stakeholders in coordinating the health, educational, and interdependent living needs of children served by DCS. Regional Well-Being teams include:

- Psychologist
- Nurse
- Health Advocacy Representative
- Services and Appeals Tracking Coordinator
- CANS Field Assessor
- Educational Consultant
- Interdependent Living Specialist
- MSW (Masters of Social Work)

When you are working with a child with complex health or educational needs, or if you are supporting a child transitioning from custody, you may interact with these staff at a CFTM or other settings. They have specialized skills to assist the children we serve, and you may consult with them to support children you are parenting.

Well-Being Information and History Form

For children entering custodial care, the DCS Court Liaison, Child Protective Services staff, or other designated staff will work with the child's family or representative to obtain information about the child that is completed on the *Well-Being Information and History* form. This form (CS-0543) is provided to the DCS Well-Being Nurse and Psychologist, and reviewed to determine if there are immediate health needs.

During the first week to two weeks of a child's entry into care, the regional DCS Well-Being Team will review the child's case together, to make health and well-being recommendations as appropriate. The regional staff dub this the "Well-Being Triage." As a resource parent, you should be provided a copy of the *Well-Being Information and History* form, and you should also

receive information on upcoming appointments, medications, and special needs. Please request this information from the FSW if it is not made available to you.

TennCare Coverage

The majority of children in custody will be eligible for TennCare. Exceptions include illegal aliens, and those who do not meet the income criteria. Some children have health insurance under a family plan and this should be accessed primary to TennCare. The DCS Well-Being Health Advocacy Representative can assist with questions about other insurance.

When the child enters custody, the child is assigned immediate TennCare eligibility for medical and behavioral health services. If the child did not have TennCare when they came into care, the pharmacy benefits may not yet be indicated in the eligibility system, however will be added in a brief time. If you or the FSW know there are pending pharmacy needs, please contact the DCS Well-Being Health Advocacy Representative. The Department can coordinate pharmacy benefits and we want all children to receive their prescribed medications.

The managed care company for custodial children will send two (2) TennCare cards to the DCS regional office. One card stays in the file, and another is provided to the placement (you!). If you do not receive the card or other information to access health services, please let your FSW know.

EPSDT

The primary health screening for your child, when they enter care and annually if they remain in care, is the TENNderCARE EPSDT (Early Periodic Screening, Diagnosis, and Treatment).

TENNderCARE EPSDT Screening is the federal Medicaid (TennCare) program intended to provide preventive (early) health care for children/youth enrolled in the state's Medicaid program. The TENNderCARE EPSDT Screening program allows for:

■ Periodic Screenings which are sometimes referred to as **well-child check-ups**, including

☐ The right to medically necessary diagnosis and treatment to cure the identified condition or treatment needed to prevent a condition from worsening.

A TENNderCARE EPSDT SCREENING consists of the following 7 components:

- (1) health history
- (2) complete physical exam
- (3) immunizations
- (4) lab tests (as needed)
- (5) vision screening
- (6) hearing screening
- (7) advice on how to keep your child healthy

Every child under age 21 is eligible for TENNderCARE EPSDT. These children should get regular checkups even if there is not an apparent health problem at the following times:

For infants and toddlers:		
At birth	4 months old	15 months old
3-5 days old	6 months old	18 months old
1 month old	9 months old	24 months old
2 months old	12 months old	30 months old
For older children and adolescents:		
Yearly beginning at age 3 years until age 21 years		

Initial EPSDT

When children enter care, they should receive an EPSDT screening within 30 days. EPSDT screenings are provided by the state Health Departments (available in each county) or designated providers who are knowledgeable about foster care and Medicaid requirements of EPSDT screening components.

The Health Department needs the following documents at this initial appointment:

1. *Authorization for Routine Health Services for Minors* (DCS Form CS-0206)
2. *Well-Being Information and History* (DCS Form CS-0543)

3. Insurance Information (TennCare Card)
4. Immunization Record

Immunization records are sometimes not available within time frames for the initial EPSDT, however a follow up can be made for immunizations as needed.

A summary sheet indicating the completed components of the screening, and findings of the screening, is provided by the Health Department or designated provider to the child's assigned PCP (primary care provider) with a copy to the Department's Well-Being Team.

The regional DCS Well-Being Nurse reviews the completed components and findings of the screening, making specific recommendations for follow up care identified to the FSW.

Components not completed generally include immunizations (when those records are not yet available to DCS or the EPSDT provider) and instances when a component is not completed due to illness related to the screening element. Children are referred for services relating to screening components that were not completed (i.e. child had ear infection; referral is made and then hearing screening is completed).

The EPSDT information is keyed into TNKids by the DCS Well-Being SAT Coordinator.

When the FSW enters the Permanency Plan information, the TNKids EPSDT information is pulled into the Permanency Plan. The DCS EPSDT policy is 20.7.

EPSDT Dental

Children in care 12 months of age or older should have a dental EPSDT screening every 6 months. Children younger than age 12 months may be seen by a dentist if a dental screening is recommended or if a dental problem is suspected. When a child comes into care, DCS checks to see if they have had a screening and schedules the dental screening at the next interval. As a resource parent, please help DCS meet this requirement by following up with the FSW and dental provider about the appointments. The DCS Dental policy is 20.12.

Mental Health Assessments

An assessment for mental health concerns can be triggered in several ways. An assessment is arranged if the EPSDT screening indicates that follow up is needed, if the DCS Well-Being Psychologist indicates that a screening is needed, or if the CFTM determines that an assessment is needed. As a resource parent, please bring concerns to the attention of the CFTM or FSW for appropriate follow up.

Tracking Services Received by the Child

When a child receives any type of health service (except for the EPSDT screening at the Health Department), the *Health Services Confirmation and Follow Up Notification* form (CS-0689), should be given to the provider with a request that the form be completed or the information provided.

Resource parents should take a copy of the *Health Services Confirmation and Follow Up* form with them to appointments and provide the completed form to the FSW or directly to the DCS Well-Being SAT Coordinator.

The DCS Well-Being SAT Coordinator keys in the completed service information into TNKids, as well as upcoming service needs or appointments. This process assists DCS, the FSW, and the resource parent to know what services have been completed, and what services are needed for the child.

As a resource parent, you should request that your FSW print for you a copy of the Health Summary (from TNKids) for your child(ren). You can review and make sure that the information about services received is up to date, and that the FSW and DCS know about additional appointments.

CANS

Children in custody access medical and behavioral health services through the assigned TennCare Managed Care Company. However, DCS is responsible for the residential behavioral health services provided to children in custody.

To meet the unique needs of children entering custodial care, and the ensuing placement decisions, DCS has developed and implemented a family-focused, strengths-based, and culturally-competent behavioral screening tool to identify and address the placement, treatment and permanency

needs of children and youth.

DCS has developed an EPSDT behavioral screening tool, the Child and Adolescent Needs and Strengths (CANS), for use in determining the service needs of children in custody. The CANS information is used to identify child and family behavioral needs and is incorporated into the decision making process for the Child and Family Team Meeting (CFTM) to determine whether a child in care should be placed in therapeutic foster care, residential, or continuum treatment, which are funded in whole or part by the Bureau of TennCare through interagency agreement.

The CANS takes into account child and family service setting, needs, and strengths and serves as the basis for the CFTM process in determining whether children need involvement of a private agency, can be served in their own homes or communities, and are making progress. The CANS includes the major requirements of a behavioral screening tool, and the DCS protocol calls for completion of the CANS within five (5) days of entry into care, and then at intervals of major transition within the custody episode.

As a resource parent, you will hear about the results of the CANS screening tool at the CFTM. The CANS is completed for all custodial children 5 and older.

Medications

Medication Administration for Resource Parents is a required course for all resource parents. The course must be completed once every two years. This training provides the knowledge base to safely and effectively administer medications to children in your care. Topics covered as part of this course include use of medication references, safe medication administration, documentation, safe storage and disposal of medication, and prevention of medication errors.

If you ever encounter a time when your child's healthcare provider prescribes a medication that is not on the formulary (in other words, the insurance company is not going to pay for the medication), ask the child's healthcare provider to prescribe a generic form of the medication or an alternative medication that is on the formulary. The pharmacy will usually call the healthcare provider for you. If the healthcare provider indicates that it is medically necessary for the child to have that medication and it cannot be substituted, contact the DCS Well-Being Health Advocacy Representative.

Psychotropic Medications

Some custodial children will be prescribed medication used to treat a mental health condition. These are called psychotropic medications. There are special policies related to the consent for a child to be on these types of medications (see *Informed Consent*). It is very important that resource parents always ensure the appropriate consent is complete before giving a child in your care any psychotropic medication. If you are unsure, please check with the child's FSW or the DCS Well-Being Nurse before giving psychotropic medication to the child.

The DCS Well-Being Nurse tracks and monitors all psychotropic medications prescribed to children in our care. When a child is prescribed any type of psychotropic medication, the *Psychotropic Medication Evaluation* form (CS-0629) should be given to the healthcare provider with a request that the form be completed or the information provided.

Resource parents should take a copy of the *Psychotropic Medication Evaluation* form with them to appointments and provide the completed form to the FSW or directly to the DCS Well-Being Nurse. The DCS Well-Being Nurse reviews the medication information and ensures appropriate informed consent has been completed. Please contact the DCS Well-Being Nurse with any questions or concerns about psychotropic medications prescribed to your child.

Informed Consent

As a resource parent you can consent to ordinary, routine, and emergency medical care for children in your care. At age 14, children can begin to make their own medical care decisions, on a case by case basis as determined by the healthcare provider. If they are not yet mature, you may consent to ordinary, routine, and emergency treatment on their behalf. Youth 16 and older can consent to mental health treatment.

Resource parents may not consent for surgical procedures, anesthesia, or psychotropic medication. If the child's parent/legal guardian is not available to provide consent for these services, the DCS Well-Being Nurse must be contacted to provide consent decision-making.

DCS strives to engage birth parents in healthcare decisions for their child while the child is in our care unless parental rights have been terminated. It is important for resource parents to let the FSW know of all scheduled

healthcare appointments so the FSW can notify the birth parents and encourage their participation in the appointment.

Exceptions about Informed Consent for Minors

Minors can consent to their own care as follows:

1. Youth 16 years of age or older for mental health treatment
2. Youths 14 years of age or older who meet the “mature minor” exception, as determined by the prescribing health care provider
3. Treatment of juveniles for drug/substance abuse (at physician’s discretion whether to notify youth’s parents)
4. Prenatal care of a minor (at physician’s discretion whether to notify youth’s parents)
5. Contraceptive supplies and information
6. Judicial bypass procedure for abortion
7. Treatment of sexually transmitted diseases
8. Emergency medical or surgical treatment

Healthcare providers may provide treatment in the above situations without the knowledge or consent of the parent, legal guardian, or legal custodian. Note there is no minimum age for items 3-8 listed above.

What happens if a youth (14 or older) or parent/guardian refuses treatment?

The following must be determined:

1. Is treatment/procedure medically necessary? (per prescribing or consulting physician)
2. Will child/youth be harmed if he/she does not receive treatment/procedure?
3. Is treatment/procedure necessary to protect child/youth from harm?
4. Is no less drastic or less invasive alternative available that will prevent harm?

If yes to all of the above, then DCS staff must consult with local DCS legal counsel to determine if judicial intervention should be pursued.

HIPAA PRIVACY HINT:

Healthcare decision-making authority = health privacy rights

Generally speaking, whoever has the authority to make healthcare decisions also has the privacy rights regarding that health information. For example, if a physician decides to accept the consent of a 14 year old youth for medical care then that youth's authorization is required to release the health information pertaining to that medical care. Likewise, in cases where a parent, legal guardian, or legal custodian has the authority to consent to health care for a minor, then the written permission of the parent/guardian/custodian is needed to release health care information about that minor. Exceptions may be made in cases where parent/guardian has abused the child.

(Note: no authorization is required to release protected health information for the purposes of treatment, payment for treatment, or health care operations.)

EPSDT Q & A

Q. Often a child will go to the Primary Care Provider (PCP) for the first time, and the PCP wants to administer an EPSDT screening, when the child just had one from the Health Department. Can the PCP do this?

A. Yes. If a PCP wants to perform an additional EPSDT screening for a child who had a screening recently, TennCare Select will reimburse for the additional EPSDT screening. Many PCPs perform additional EPSDT screenings to ensure they have all of the intake information on the child, and to ensure they treat the child appropriately. If a PCP has any questions regarding reimbursement of the additional EPSDT screening, they can contact TennCare Select *Select Kids* Customer Service at 1-800-451-9147.

Q. If the Health Department recommends for a child to receive follow-up services, who do I contact?

A. Contact the DCS Well-Being Nurse in your region, if you have any questions about the follow-up services recommended. If a child is placed in a DCS resource home, the DCS FSW should schedule an appointment with the child's PCP or appropriate medical provider for follow-up. If the child is being served by a contract agency, the DCS FSW needs to ensure the agency has received a copy of the PCP letter so they can schedule the needed follow-up services.

Q. If a child had a recent TENNderCARE EPSDT screening performed before entering custody, can we use this information as their TENNderCARE EPSDT Screening?

A. No. The child must receive another TENNderCARE EPSDT screening after he/she has entered custody, even if they had a recent TENNderCARE EPSDT screening visit. TennCare Select will reimburse for the TENNderCARE EPSDT screening, even if one is not due.

Q. If a FSW or resource parent suspects a problem, should they arrange for a TENNderCARE EPSDT screening, even if it is not yet time for one?

A. Yes. This referral is called an "interperiodic screening" and must be followed up on by the MCO. TENNderCARE EPSDT screenings, including interperiodic screening, do not have to be "medically necessary" in order to be covered by the MCO. The child's Primary Care Provider generally performs the TENNderCARE EPSDT interperiodic screen.

Just as important as the screening is the follow-up. Providers who perform TENNderCARE EPSDT screenings may identify potential health, developmental, or behavioral problems. Providers are responsible for making referrals to other MCO and BHO providers to do further testing or to provide treatment, as appropriate. While there is no requirement that TENNderCARE EPSDT periodic or interperiodic screenings be medically necessary, additional testing and treatment services must meet the medical necessity criteria.

Q. Why is the well child, or TENNderCARE EPSDT screening so important for children in state custody?

A. Children in state custody tend to have a greater need for medical, dental, mental and behavioral health services than other children. The TENNderCARE EPSDT screening can identify these needs when the child first enters custody so that services may be implemented quickly to aid the child in obtaining his/her optimal well-being.

Q. What special needs or concerns might a child in state custody have?

A. A child in state custody may have special medical and/or behavioral health needs relating to past physical, sexual, or emotional abuse. There may be health or behavioral health problems associated with severe neglect or ongoing behavior leading to delinquent acts. There may also be special needs associated with abandonment or other maltreatment by parents,

developmental delays, learning disabilities, or mental retardation.

If a child has serious medical conditions or complex medical and/or behavioral health needs, the DCS FSW should contact the DCS Regional Well-Being Nurse for assessment and appropriate action.

Q. What are the time frames for getting appointments?

A. TennCare says the MCOs and BHOs must provide services for their clients within these timeframes:

Initial Screening	21 days
Periodic Screening	21 days
Interperiodic Screening	21 days
Urgent Care	48 hours
Emergency	Immediately
Mental Health Intake	14 days
Ongoing Mental Health Appointments	14 days

Phone Line for Resource Parents

For questions about TennCare coverage, resource parents should call: TennCare Select *Select Kids* Resource Parent line at 1-888-422-2963. For Dental, contact TennDent at 1-888-233-5935.

What to do when you have problems accessing health services

1. Call the TennCare managed care company for a provider in your area
2. Call them back if there is a problem with getting an appointment or getting one soon enough
3. Call the FSW or the DCS Well-Being Health Advocacy Representative
4. DCS will file an appeal if needed to make sure the service can be arranged

If you receive a notice that prescribed services are denied, please contact the DCS Well-Being Health Advocacy Representative.

Should a resource parent sign for medical bills?

When an individual is on TennCare, the provider may not require that a responsibility for medical payment be signed in order for treatment to be received. Resource parents are not responsible for reimbursing providers for health treatment. If a child does not have TennCare, please coordinate with the FSW. Please contact the DCS Well-Being Health Advocate Representative if you have questions or need assistance with this issue.

Does TennCare provide transportation for children in foster care?

TennCare transportation is for persons who do not have any transportation. By virtue of a child's custodial status, they are determined to have transportation. Exceptions may be available through a TennCare managed care company when there are geographical network issues. This is determined on a case by case basis.

Websites and Resources for Locating Mental Health Providers

The TAMHO (Tennessee Association of Mental Health organizations) child directory contains information regarding mental health services at Community Mental Health Centers: <http://www.tamho.org/pdfs/04cy.pdf>

Health Resources

Centers of Excellence (COEs)

The state of Tennessee Bureau of TennCare provides a unique service for children identified at risk of custody, and children in custody, known as the Centers of Excellence. The five Centers of Excellence provide medical and behavioral supports to children served by DCS and are coordinated through the Governor's Office of Children's Care Coordination. Through treatment plan review and development, case consultation and coordination with DCS and TennCare providers, and routine on-site case review, the COEs provide supports to children in and at risk of custody.

The COEs provide consultation and evaluation for children who have complex behavioral and medical problems, and provide direct services to these children including psychiatric and psychological evaluations and medication management.

For children with complicated medical problems, the COEs coordinate referrals and services to medical sub-specialties and hospital services to meet the child's needs.

The State's Centers of Excellence for Children in State Custody have been recognized by the American Psychiatric Association as one of the top four innovative programs serving children in the United States.

The State's Centers of Excellence currently reside at Vanderbilt University Medical Center, University of Tennessee-Memphis Boling Center, East Tennessee State University Medical Center, University of Tennessee Knoxville, and Southeast Center of Excellence Focus Psychiatric in Chattanooga.

TennCare Select Health Information Library Audio Index

Health Information Library 1-800-999-1658